6158493985 NORTHSIDE PAGE 18/21 PRINTED: 08/19/2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445373 08/17/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 202 EAST MTC\$ ROAD NORTHSIDE HEALTH CARE CENTER MURFREESBORO, TN 37130 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR USC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) K 018 NFPA 101 LIFE SAFETY CODE STANDARD K 018 K 018 SS**≒**F SS≔F Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as Description those constructed of 1% inch solid-bonded care wood, or capable of resisting fire for at least 20 NPPA 101 Life Safety Code Standard minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is The facility falled to maintain the doors protecting the cooridors no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19,3,6,3,6 Corrective Action are permitted. 19.3.6.3 La. The fire doors going into the dining room were adjusted by the maintenance supervisor on Roller latches are prohibited by CMS regulations 8/19/10. in all health care facilities. b. The door going into the therapy department was adjusted by the maintenance supervisor on 8/19/10. c. The door going into room 311 was adjusted by the maintenance supervisor on 8/19/10.2. The facility doors were inspected by the Maintenance Supervisor and ensure that doors closed and latched.3. The Maintenance Supervisor was inserviced to inspect and insure that doors latch properly upon closing by the Administrator on 8/19/10.4. The maintenace supervisor and This STANDARD is not met as evidenced by: environmental servicese will monistor for compliance during daily walking rounds and will Based on observations it was determined the report findings to the QA Committee consisting facility failed to maintain the doors protecting the of Medical Director, Administrator, DON. corridors. ADON, MDS Coordinator, Risk Management, Bookkeeping, Payroll, Social Services, Activities, The findings include: Food Service Supervisor, Maintenance and Environmental Services.

- Observation of the dinning room's fire doors. on 8/17/10, at 5:46 p.m., revealed did not close with the door frame. National Fire Protection Association (NFPA) 80, 15-1,2
- 2. Observation of the therapy services room on 8/17/10, at 7:10 p.m., revealed the room's door was sticking to the door frame. NFPA 80, 15-1.2

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

8/19/10

ministrator

Any deficiency statement ending with an asterisk (") denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the petients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(2) MULTIPLE CONSTRUCTION BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
				G		08/17/2010	
NAME OF PROVIDER OR SUPPLIER NORTHSIDE HEALTH CARE CENTER				202 EA	ADDRESS, CITY, STATE, ZIP CODE ST MTCS ROAD REESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			×	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	NÎTO BE	(X5) COMPLETION DATE
K 018	Continued From page 1		ка	K 018			
K 038 SS=F	8/17/10, at 7:07 p.n was not latching to 15-1.2 These findings were Administrator and v Director at the exit in NFPA 101 LIFE SA	esidents' room 311 on n., revealed the room's door the door frame. NFPA 80, e acknowledged by the eriffed by the Maintenance nterview on 8/17/10. FETY CODE STANDARD ged so that exits are readily es in accordance with section	κo	Des NFP		cess.	
SS=F	Based on observation facility failed to main facility failed to main The findings include Observation of 200 5:16 p.m., revealed discharge to the public beds, wall lockers, a Protection Association This finding was ack Administrator and very Director at the exit in NFPA 101 LIFE SAI Width of aisles or continuous production of the continuous production of the exit in NFPA 101 LIFE SAI Width of aisles or continuous production of the continuous produ	corridor's exit on 8/17/10, at the exit path from the exit path from the exit path from the exit path from the exit path of the exit path of the path	K 03	1. Ti publi chai 8/18 roun wer 3. Ti by ti path area mon roun cons DOI Mar	he exit path from the 200 corridor's elic way was cleared of beds, wall loci is by the maintenance supervisor on 10,2. The maintenance supervisor indicts to ensure that exit paths to public free of obstructions on 8/18/10. The maintenance supervisor was in-sine administrator on 8/19/10 regardings being free from obstructions to the s.4. The maintenance supervisor will liter for compliance during daily walnds and will report findings to the Cosisting of Medical Director, Adminis N. ADON, MDS Coordinator, Risk nagement, Bookkeeping, Payroll, Sockees, Activities, Food Service Superintenance and Environmental Service	kers, and made arcas erviced g exit public li king ermittee irrator, cial	8/19/10

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION O1 - MAIN BUILDING 01	(X3) DATE SU COMPLET	RVEY IED
		445373	B. WI	NG_		08/17	//2010
NAME OF PROVIDER OR SUPPLIER NORTHSIDE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 EAST MTCS ROAD MURFREESBORO, TN 37130				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRICIENCY)	HULD BE	(XS) COMPLETION DATE
K 039	39 Continued From page 2		K	039	K 039 SS-F		
K 062 SS≃F	Based on observatifacility failed to mai unobstructed in 2 of the findings included. The findings included in 2 of the findings included in 2 of the room 310 on 8/1 carts, chairs, and a corridor. Further observation for more fire Protection Asservation of the corridor for more fire Protection Asservation of the corridor at 7:10 remained in the communities. National In (NFPA) 101, 19.2.3 These findings were Administrator and volume in the exit NFPA 101 LIFE SAR Required automatic condition and are in the condition	the short corridor located next 7/10, at 5:10 p.m., revealed trash were stored in the eservations of the corridor at I the equipment remained in the then 30 minutes. National lociation (NFPA) 101, 19.2.3.3 the 100 corridor located next to 10, at 6:10 p.m., revealed a lift orridor. Further observations of p.m., revealed the lift midor for more then 30 Fire Protection Association	ĸ	062	Description NFPA 101 Life Safety Code Standard The facility failed to maintain clear and unobstucted corridors. Corrective Action 1.a. The corridor at the end of the 300 cleared of the stored items on 8/17/10 tstaff. b. The lift was removed by facility staff 100 half on 8/17/10. 2. QA Committee made rounds on 8/1 ensure corridors were clean and unobs 3. Facility staff was in-serviced on 8/15 making sure corridors are kept clear of obstructions by the administrator. 4. Administrator will monitor for comduring daily facility walking rounds an report findings to the Committee consi Medical Director. Administrator, DON MDS Coordinator, Risk Management. Bookkeeping, Payroll, Social Services Food Service Supervisor, Maintenance Environmental Services. K 062 SS=F Description NFPA 101 Life Safety Code Standard The facility failed to maintain the sprink system.	hall was by facility ff from the ff from t	8/19/10

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICALD SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION 01 - MAIN BUILDING 01 A. BUILDING B. WING 08/17/2010 445373 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 202 EAST MTCS ROAD NORTHSIDE HEALTH CARE CENTER MURFREESBORO, TN 37130 PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION ID SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX FACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY TAG Corrective Action K 062 K 062 | Continued From page 3 1.a. The sprinklers under the canopy entrance for This STANDARD is not met as evidenced by: the ambulances will be replaced by ACS on Based on observations it was determined the 9/21/10. facility failed to maintain the sprinkler system. b. The items stored within 18 inches of the sprinklers were removed by the maintenace The findings include: supervisor on 8/17/10. c. Inspection on the sprinkler system was done on 8/31/10 by ACS and is now on a quarterly Observation of the ambulance entrance canopy schedule. on 8/17/10, at 5:41 p.m., revealed the 4 sprinklers d. The sprinkler gages were replaced on 8/31/10 were corroded. National Fire Protection by ACS. Association (NFPA) 25, 2-2.1.1 2. The maintenance supervisor conducted facility rounds to ensure sprinkler heads were in good condition, and were free from obsturction on Observation of the central storage room on 8/17/10, at 6:08 p.m., revealed storage within 18 8/18/10. 3. Maintenance supervisor was in-serviced on inches of 2 sprinklers, NFPA 13, 5,5.6 8/18/10 by Administrator on proper sprinkler maintenance. Records review on 8/17/10, at 7:15 p.m., revealed 4. Maintenance supervisor will monitor for no quarterly inspections were conducted on the compliance during daily walking rounds and will sprinkler system by a properly trained, qualified, report findings to the Committee consisting of Medical Director, Administrator, DON, ADON, and certified company or person(s). NFPA 25, MDS Coordinator, Risk Management. 2-2.1.1 Bookkeeping, Payroll, Social Services, Activities, Food Service Supervisor, Maintenance and Records review on 8/17/10, at 7:16 p.m., revealed Environmental Services. 09/21/10 the sprinkler gages' 5 year test or replacement was overdue. NFPA 25, 2-2.1.1 These findings were acknowledged by the Administrator and verified by the Maintenance Director at the exit interview on 8/17/10. K 064 K 064 NFPA 101 LIFE SAFETY CODE STANDARD K 064 5S≔E SS=E Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 Description NPPA 101 Life Safety Code Standard The facility failed to maintaine the kitchen's fire extinguisher.

This STANDARD is not met as evidenced by:

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DEPARTMENT OF HEALTH AND I. JAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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CENTERS FOR MEDICARE & MEDICARD SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A, BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED			
	445373		B. WING			08/17/2010	
	PROVIDER OR SUPPLIER			20	EET ADDRESS, CITY, STATE, ZIP CODE 12 EAST MTCS ROAD URFREESBORO, TN 37130		•
(X4) ID PREFIX TAG	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	(Onro &≓	(X5) COMPLETION DATE
K 064	Based on observational facility failed to materinguisher. The findings include the pin was removed. Association (NFP) These findings we Administrator and	tions it was determined the intain kitchen 's fire de: e kitchen on 8/17/10, at 5:50 ABC fire extinguisher's safety National Fire Protection	K	064	Corrective Action 1. On 8/30/10 Pye-Barker repaied the holds the pin on the fire extinguisher. 2. On 8/18/10 the maintenance supervrounds to ensure that fire extinguisher proper working condition. 3. On 8/19/10 the administrator in-ser maintenance supervisor on keeping fir extinguishers in proper working condit. The maintenance supervisor will mompliance during daily walking roun report finding to the Committee consist Medical Director, Administrator, DOI MDS Coordinator, Risk Management Bookkeeping, Payroll, Social Service Food Service Supervisor, Maintenance Environmental Services.	lsor made were in viced the etion. conitor for dis and will sting of N, ADON, s. Activities,	8/30/10